NEW YORK STATE | Department of Health | Office of Health Insurance Programs

NEW YORK STATE DEPARTMENT OF HEALTH

OFFICE OF HEALTH INSURANCE PROGRAMS

OASAS CERTIFIED INPATIENT CHEMICAL DEPENDENCY DETOX PER DIEM RATES

Effective 4/1/2022 - 12/31/2022

MEDICAID FEE-FOR-SERVICE RATE SCHEDULE

OPCERT	HOSPITAL NAME	MMD w or w/o OBS days *(operating cost)* (4800)	MSIW w/o OBS days *(operating cost)* (4801)	MSIW w 1 OBS day *(operating cost)* (4802)	MSIW w 2 OBS days *(operating cost)* (4803)	Detox Capital Cost (4804)
3535001	BON SECOURS COMMUNITY HOSP	$761.37	$571.03	$571.03	$571.03	$49.27
7000001	BRONXCARE HOSPITAL CENTER	$898.54	$673.91	$673.91	$673.91	$45.93
7001002	BROOKDALE - INTERFAITH MEDICAL CENTER	$898.54	$673.91	$673.91	$673.91	$90.53
7001003	BROOKLYN HOSPITAL CENTER	$898.54	$673.91	$673.91	$673.91	$251.48
1401005	ERIE COUNTY MEDICAL CENTER	$837.63	$628.22	$628.22	$628.22	$67.04
7003001	FLUSHING HOSPITAL MED CTR	$898.54	$673.91	$673.91	$673.91	$12.59
4329000	GOOD SAMARITAN / SUFFERN	$761.37	$571.03	$571.03	$571.03	$116.25
5501000	HEALTHALLIANCE HOSP MARYS AVE CAMPUS	$761.37	$571.03	$571.03	$571.03	$0.00
5957001	MID HUDSON VALLEY DIV OF WMC	$761.37	$571.03	$571.03	$571.03	$74.12
4324000	MONTEFIORE NYACK HOSPITAL	$761.37	$571.03	$571.03	$571.03	$42.04
7002002	MOUNT SINAI BETH ISRAEL	$898.54	$673.91	$673.91	$673.91	$164.57
7002032	MOUNT SINAI MORNINGSIDE	$898.54	$673.91	$673.91	$673.91	($218.72)
2950002	NASSAU UNIV MED CTR	$711.73	$533.80	$533.80	$533.80	$82.56
7000014	SBH HEALTH SYSTEM	$898.54	$673.91	$673.91	$673.91	$182.92
5149001	ST CHARLES HOSPITAL	$711.73	$533.80	$533.80	$533.80	($245.13)
5907001	ST JOHNS RIVERSIDE HOSPITAL	$761.37	$571.03	$571.03	$571.03	$15.24
0101004	ST PETERS HOSPITAL	$525.36	$394.02	$394.02	$394.02	$62.64
7004003	STATEN ISLAND UNIV HOSP PRINCE'S BAY	$898.54	$673.91	$673.91	$673.91	$0.00
5151001	STONY BROOK EASTERN LONG ISLAND	$711.73	$533.80	$533.80	$533.80	$146.32

MMD = Medically Managed Detox

MSIW = Medically Supervised Inpatient Withdrawal

OBS = Observation